❍ BPM use only

13. Have you taken the examinations administered by the National Board of Podiatric Medical Examiners?
❍Yes ❍No

If YES, list part taken by location, date and result of examinations. Submit certification of scores from examination agency (Forms **P5** and **P6**).

Examination	Location	Date	Result	
Part I				❍
Part II				❍
Part III (PMLexis)				❍

14. Have you completed, or are you currently participating in a residency program approved by the Council on Podiatric Medical Education? ❍Yes ❍No

If YES, list name and address of the program facility. Submit an original Certificate of Completion (Form **P4**).

Name of Program	*Address*	*Type of Residency*	CPME
			❍

Name of Residency Director	*Dates Attended*	*From: (mm/dd/yy)*	*To: (mm/dd/yy)*
		From: / /	To: / /

Name of Program	*Address*	*Type of Residency*	CPME
			❍

Name of Residency Director	*Dates Attended*	*From: (mm/dd/yy)*	*To: (mm/dd/yy)*
		From: / /	To: / /

15. Have you been licensed to practice podiatric medicine in any state or country? ❍Yes ❍No

If YES, list state or country, license number, date issued and dates of practice in issuing agency's jurisdiction for each. Submit a Letter of Good Standing from each state in which you are licensed or have been licensed (Form **P3**).
Please use additional sheet of paper if necessary.

State or Country	License Number	Date of Issuance	Dates of Practice in Issuing Agency's Jurisdiction		
			From: (*mm/dd/yy*)	To: (*mm/dd/yy*)	
			/ /	/ /	❍
			/ /	/ /	❍
			/ /	/ /	❍

IF THE ANSWER TO ANY OF THE QUESTIONS BELOW (#'s16-23) IS "YES," YOU MUST SUBMIT A FULL AND COMPLETE EXPLANATION. INCLUDE CERTIFIED COPIES OF ALL APPLICABLE COURT RECORDS AND/OR OTHER LEGAL DOCUMENTS, INCLUDING ALL STATEMENTS OF DISPOSITION, RELIEF FROM DISABILITIES, CERTIFICATION OF CONDUCT OR OTHER DOCUMENTS.

16. Has any disciplinary action ever been taken regarding any healing arts license which you now hold or have ever held? Include any disciplinary actions by the U.S. Military, U.S. Public Health Service or other U.S. federal governmental entity.

❍Yes ❍No If YES, give details below:

State	Date	Charge	Disposition	
				❍
				❍
				❍
				❍